

Attorney's Docket No. 42390.P10407

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Chakravarthy Kosaraju

Application No.: 09/738,913

Filed: December 13, 2000

For: A METHOD AND AN
APPARATUS FOR A RE-
CONFIGURABLE PROCESSOR

Examiner: Vu, Trisha U.

Art Group: 2189

Confirmation No.: 2632

7B
ah
3-9-04

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450**RECEIVED**

NOV 25 2003

Technology Center 2100

AMENDMENT

Sir:

In response to the Office action of August 13, 2003, please amend the above-identified application as follows. Amendments to the Claims begin on page 2 of this response. Remarks/Arguments begin on page 10 of this response.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450 on

November 13, 2003

Date of Deposit

Deborah A. McGovern

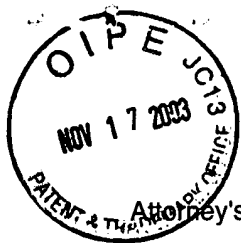
Name of Person Mailing Correspondence

Signature

November 13, 2003

Date

B



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Patent

In re the Application of: Chakravarthy Kosaraju
(inventor(s))

Application No.: 09/738,913

Filed: December 13, 2000

For: A METHOD AND AN APPARATUS FOR A RE-CONFIGURABLE PROCESSOR

(title)

COMMISSIONER FOR PATENTS

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SIR: Transmitted herewith is an Amendment for the above-referenced application.

 Applicant claims small entity status. See 37 CFR 1.27.

 No additional fee is required.

 X Information Disclosure Statement, Form PTO/SB/08A, 5 cited references, IDS fee. **Technology Center 2100**

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra
Total Claims	* 32	Minus	** 31	1
Indep. Claims	* 7	Minus	*** 7	0
<input type="checkbox"/>	First Presentation of Multiple Dependent Claim(s)			

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

SMALL ENTITY	
Rate	Additional Fee
X9	\$
X43	\$
+145	\$
Total Add. Fee	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X18	\$ 18.00
X86	\$ 0
+290	\$
Total Add. Fee	\$ 18.00

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Name of Person Mailing Correspondence

Deborah A. McGovern
Signature

November 13, 2003
Date

X A check in the amount of \$ 18.00 is attached for presentation of additional claim(s).
Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
37 C.F.R. § 1.136(a).

 A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.

 Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

A duplicate copy of this sheet is enclosed.

 X The Under Secretary of Commerce for Intellectual Property and Director of the United States
Patent and Trademark Office is hereby authorized to charge payment of the following fees
associated with this communication or credit any overpayment to Deposit Account No. 02-2666
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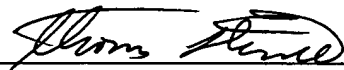
 X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
extra claims.

 X Any extension or petition fees under 37 C.F.R. § 1.17.

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: 11-13-03

12400 Wilshire Boulevard
Seventh Floor
Los Angeles, California 90025
(408) 720-8300



Thomas S. Ferrill

Reg. No. 42,532